

The Management of Infectious Events and Exclusion from Childcare and School for Childhood Infections Policy

This policy describes the management of infectious events and any exclusion from childcare and school to reduce the spread of infection. This relates to childhood infections. The policy has been developed for staff working within Community Health Services, Community Inpatient Facilities and Primary Care.

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Version Control and Summary of Changes

Version number	Date	Comments (description change and amendments)
Version 1,	March 2008	Infection Control guideline for Childhood Infections in community health services, inpatient facilities and primary care
Version 2,	January 09	Review of Guideline by Amanda Howell
Version 3,	October 2010	Review of guideline for and distributed for consultation
Version 4	November 2010	Amendments following consultation process.
Version 5	July 2011	Harmonised in line with LCRCHS, LCCHS (Historical organisation's) and LPT.
Version 6	August 2014	Review of document in line with expiry date
Version 6	June 2018	Review of policy in line with expiry date

For further information contact: Infection Prevention and Control Team

Definitions that apply to this policy

Children vulnerable to infections	Some medical conditions make children more vulnerable to infections that would not usually be serious in most children. Children vulnerable to infection include those being treated for leukaemia or other cancers, on high doses of steroids by mouth, and with conditions which seriously reduce their immunity
Consultant in Public Health	A Consultant who is knowledgeable in Infectious diseases
Exclusion period	The period of time that a person with an infectious disease must be excluded from, for example childcare settings, to limit the risk of the infection being passed on to other people.
Health Protection Team (HPT)	The team of health professionals whose role it is to protect the health of the local population, including staff and children in childcare settings, and limit the risk of them becoming exposed to infection and environmental dangers. Every NHS board has a HPT
Immuno-compromised	An immune system that is impaired by disease or treatment, where an individual's ability to fight infection is decreased
Incubation period	The time from the moment of exposure to an infectious agent until signs and symptoms of the disease appear
Infection	An organism present at a site and causes an inflammatory response, or where an organism is present in a normally sterile site
Transmission	Transmission is the act of transferring something from one spot to another, like a disease going from one person to another.
Treatment	care provided to improve a situation (especially medical procedures or applications that are intended to relieve illness or injury)
Vesicle	A small blister

1.0 Purpose of the policy

The purpose of this policy is to inform healthcare workers of the most common forms of infection that affect babies, children and young people and is inclusive of disease and incubation periods, infections and periods of exclusion required from school, etc. This policy is for all staff employed by LPT.

When children are in close and frequent contact with each other, infectious diseases can spread rapidly. Excluding a child from a childcare setting or school when not necessary can be a burden on parents or guardians; however, failing to exclude an infected child (with signs or symptoms of infection) could lead to an increased incident or outbreak of infection in the childcare setting/school.

Infection prevention and control safety is a legal requirement under the Health & Safety at Work Act 1974. This policy provides information to staff who may come into contact with children as part of their work on the common illnesses and infections that affect babies, children and young people and the appropriate management which include timescales for exclusion from schools, nurseries or crèches.

2.0 Summary and key points

This policy provides guidance on the infectious periods and exclusions from schools, nurseries or crèches in regard to childhood infections. It is intended to provide guidance to minimise the risk of transmission of infectious diseases to staff or members of the public.

It is not a treatment therapy guideline. Alternative advice should be sought regarding treatment.

3.0 Introduction

When children are young, because their immunity may not have fully developed, they are often highly susceptible to infectious diseases. When children are in close and frequent contact with each other, infectious diseases can spread rapidly. There are a number of simple procedures which can be implemented to help protect children from infections including:

- Good hygiene practices, including hand hygiene
- Exclusion of children and adults with infections, when appropriate, from the relevant setting
- Prompt and appropriate treatment of infections

Generally, the main sources of infection are people, domestic animals, contaminated raw food and water.

Infections can be transmitted in a variety of ways:

- Direct contact with infected people, animals, blood and other body fluids, e.g. contact with blood spills during first aid.
- Self-infection from the body's own germs, e.g. bladder infections are commonly due to normal gut organisms invading the urinary tract.
- Gastrointestinal infections (tummy upsets) usually arise from consuming contaminated food or water (food poisoning) but sometimes result from faecal germs being carried to the mouth on unwashed hands (faecal-oral transmission)
- Airborne transmission of infection occurs in two ways: either germs are carried on skin scales as they are shed from our bodies or by respiratory droplets expelled when we cough, sneeze or talk.
- Infections spread indirectly e.g. on unwashed hands to surfaces
- Insects, other pests and pets can act as vehicles for transfer of infection

4.0 Exclusions from schools, nurseries or crèches

The following table outlines the most common forms of infection that affect babies, children and young people. The table identified is a guide. For further advice please contact the infection prevention and control team or Public Health England.

Table 1: Childhood Infections – exclusions from schools, nurseries or crèches

Disease and incubation period	Period when infectious	Period of exclusion of infected person	Period of exclusion of contacts
BRONCHIOLITIS – (5-8 days)	During the acute stage of illness	Until child is well	None
CHICKEN POX & SHINGLES (13-21 days)	1-2 days before and 5 days after rash develops	Until all vesicles have crusted over	If the contact is pregnant seek advice from GP/ Obstetrician
CONJUNCTIVITIS (12-72 hours)	During active infection and prior to treatment	None	None

<p>DIARRHOEA & VOMITING:-</p>	<p>When having symptoms of diarrhoea and vomiting</p>	<p>For 48 hours from the last episode of diarrhoea</p> <p>In some circumstances, advice may need to be sought from the Consultant in Health Protection</p>	<p>A risk assessment will be undertaken by Public Health England to identify any actions required for contacts dependent on the organism identified</p>
<p>Campylobacter Dysentery</p> <p>E. Coli 0157 Food poisoning</p> <p>Gastro-enteritis Giardiasis Salmonellosis (Few hours to few days)</p>	<p>When having symptoms of diarrhoea and/or vomiting</p>	<p>Further exclusion may be required for some children until they are no longer excreting the bacteria (irrespective of symptomatic diarrhoea)</p>	<p>Further exclusion is required for children aged five years or younger and those who have difficulty in adhering to hygiene practices. Children in these categories should be excluded until there is evidence of microbiological clearance, (this may also apply to some contacts).</p>
<p>Cryptosporidiosis</p>	<p>When having symptoms</p>	<p>Exclude for 48 hours from the last episode of diarrhoea</p>	<p>Exclusion from swimming is advisable for two weeks after diarrhoea has settled</p>
<p>FIFTH DISEASE Parvovirus, or slapped Cheek Syndrome</p> <p>(Variable 4-20 days)</p>	<p>Infectious before onset of rash</p>	<p>Until the child feels well</p>	<p>Pregnant women should seek advice from antenatal services</p>
<p>HAND FOOT & MOUTH DISEASE</p> <p>(3-5 days)</p>	<p>During acute stage of illness</p>	<p>Until the child feels well</p>	<p>None</p>

HEAD & BODY LICE Pediculosis (eggs hatch between 7-10 days)	As long as eggs or lice remain alive	None. Treatment should be commenced as soon as condition has been confirmed	None
HEPATITIS A (2-6 weeks)	Several days before first symptoms until 7 days after onset of jaundice (most infectious before jaundice starts)	No designated time for exclusion. The child can return to school when they feel well enough to do so. Children under 5 and those with poor hygiene should be excluded for 7 days from the onset of jaundice or stools going pale.	Public Health England will undertake risk assessment and advise GP on any action for contacts
HEPATITIS B and C (6 weeks to 6 months)	Not infectious under normal school conditions	No designated time for exclusion. The child can return to school when they feel well enough to do so.	Public Health England will undertake risk assessment and advise GP on any action for contacts
HERPES SIMPLEX Cold sores (2-12 days)	During infection	None. Avoid kissing and contact with the sores	None
HIV INFECTION (Variable)	Not infectious under normal school conditions	None	None
IMPETIGO (4 – 10 days)	As long as septic spots are discharging pus	Until lesions are crusted or healed, or 48 hours after commencing antibiotic treatment	None
MEASLES (7-14 days)	1 day before first symptoms until 4 days after the onset of rash	Until 5 days from the onset of rash and the child feels well	None

MENINGITIS (2-10 days depending on cause)	Clinical cases are rarely infectious	None. Until the child feels well (For meningococcal meningitis Public Health England will give advice on any action needed)	None. Household contacts may be given antibiotic treatment
MUMPS (12-25 days commonly 18 days)	6-7 days before and up to 6 days after the onset of swelling	5 days from onset of swollen glands and when child feels well	None
RINGWORM on body Tinea Corporis	As long as rash is present	None, treatment needed from GP	None
RUBELLA German Measles (16-18 days)	Most infectious before rash appears	6 days from onset of the rash	None. If contact is a pregnant woman, seek advice from GP
SCABIES (1 day to 6 weeks depending on previous exposure)	Until mites and eggs are destroyed by treatment	Until day after treatment	None. Household contacts should be treated at the same time
SCARLET FEVER & STREPTOCOCCAL INFECTION (1-3 days)	Day sore throat starts until 24 hours after antibiotics started	Child can return 24 hours after commencing appropriate antibiotics	None
THREADWORMS (2-6 weeks for life cycle to complete)	As long as eggs are shed in the faeces (stools)	None, but the child should be treated	None, household contacts should be treated at the same time
TUBERCULOSIS (TB) (4-16 weeks)	As long as sputum contains the bacteria	Public Health England will undertake assessment and advise	None. Close contacts may need screening
VERRUCAE Planter Warts (2-3 months)	As long as the wart is present	Verrucae must be appropriately covered in swimming pools, gymnasium and changing rooms.	None

WHOOPING COUGH Pertussis (6-20 days)	2-4 days prior to symptoms occurring, up until 21 days after the start of cough. If treated with antibiotics, 5 days after starting the course	5 days from commencing antibiotic treatment, or 21 days from onset of illness if no antibiotic treatment	None
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More information can be found from the DH leaflet, guidance on infection control in schools and other childcare settings.

Patients with known or suspected meningitis should be referred immediately to the emergency department either by dialing 999 or via their GP.

It is essential that all cases of notifiable diseases are reported immediately to the Public Health England, East Midlands Health Protection Team:

- During office hours 0344 225 4524
- Outside of office hours on 0115 967 5099
- Or via East Midlands Ambulance Service on 0115 9296477 (in the case of an emergency)

Young girls in school who may be pregnant and in contact with others who have or have had an infectious disease should seek advice from their Public Health Nurse/General Practitioner

5.0 Immunisations

Immunisations status should always be checked at school entry and at the time of any vaccination. Any vaccinations that have been missed should be given and further catch-up doses organised at school or through the child's GP. Appendix 1 shows the vaccines that are routinely offered and the age at when they should ideally be given.

6.0 Training

There is no training requirement identified within this policy

7.0 References and bibliography

Control in Schools and other childcare settings DH (2010) Health Protection Legislation (England) London.

DH Public Health Agency (2017) Guidance on Infection

<http://www.nhs.uk/Conditions/vaccinations/Pages/vaccination-schedule-age-checklist.aspx>

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/628711/HPV_leaflet.pdf

LPT Infection prevention and control management of patients requiring source isolations policy

Wilson, J. (1995) Infection Control in Clinical Practice. London: Bailliere Tindall

Vaccination Checklist

8 weeks

- 6-in-1 vaccine, given as a single jab containing vaccines to protect against six separate diseases: diphtheria; tetanus; whooping cough (pertussis); polio; Haemophilus influenza type b, known as Hib, a bacterial infection that can cause severe pneumonia or meningitis in young children; and hepatitis B
- Pneumococcal (PCV) vaccine
- Rotavirus vaccine
- MenB vaccine

12 weeks

- 6-in-1 vaccine, second dose
- Rotavirus vaccine, second dose

16 weeks

- 6-in-1 vaccine, third dose
- Pneumococcal (PCV) vaccine, second dose
- MenB vaccine, second dose

1 year

- Hib/Men C vaccine, given as a single jab containing vaccines against meningitis C (first dose) and Hib (fourth dose)
- Measles, mumps and rubella (MMR) vaccine, given as a single jab
- Pneumococcal (PCV) vaccine, third dose
- MenB vaccine, third dose

2 to 8 years (including children in reception class and school years 1 to 4)

- Children's flu vaccine (annual)

3 years and 4 months

- Measles, mumps and rubella (MMR) vaccine, second dose
- 4-in-1 pre-school booster, given as a single jab containing vaccines against: diphtheria, tetanus, whooping cough (pertussis) and polio

12-13 years (girls only)

- HPV vaccine, which protects against cervical cancer – two injections given 6 – 12 months apart

14 years

- 3-in-1 teenage booster, given as a single jab containing vaccines against diphtheria, tetanus and polio
- MenACWY vaccine, given as a single jab containing vaccines against meningitis A, C, W and Y

<http://www.nhs.uk/Planners/vaccinations/Pages/Vaccinationchecklist.aspx>

Page last reviewed: 14/03/2016

Next review due: 14/03/2019

There is also evidence to support that the HPV vaccine will also protect against most cases of genital warts.

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/628711/HPV_leaflet.pdf

PRIVACY IMPACT ASSESSMENT SCREENING

<p>Privacy impact assessment (PIAs) are a tool which can help organisations identify the most effective way to comply with their data protection obligations and meet individual's expectations of privacy. The first step in the PIA process is identifying the need for an assessment.</p> <p>The following screening questions will help decide whether a PIA is necessary. Answering 'yes' to any of these questions is an indication that a PIA would be a useful exercise and requires senior management support, at this stage the Head of Data Privacy must be involved.</p>			
Name of Document:	The management of infectious events and exclusion from childcare and school for childhood infections policy		
Completed by:	Mel Hutchings		
Job title	Infection Prevention and Control Nurse	Date	19/4/18
			Yes / No
1. Will the process described in the document involve the collection of new information about individuals? This is information in excess of what is required to carry out the process described within the document.			No
2. Will the process described in the document compel individuals to provide information about themselves? This is information in excess of what is required to carry out the process described within the document.			No
3. Will information about individuals be disclosed to organisations or people who have not previously had routine access to the information as part of the process described in this document?			No
4. Are you using information about individuals for a purpose it is not currently used for, or in a way it is not currently used?			No
5. Does the process outlined in this document involve the use of new technology which might be perceived as being privacy intrusive? For example, the use of biometrics.			No
6. Will the process outlined in this document result in decisions being made or action taken against individuals in ways which can have a significant impact on them?			No
7. As part of the process outlined in this document, is the information about individuals of a kind particularly likely to raise privacy concerns or expectations? For examples, health records, criminal records or other information that people would consider to be particularly private.			No
8. Will the process require you to contact individuals in ways which they may find intrusive?			no
<p>If the answer to any of these questions is 'Yes' please contact the Head of Data Privacy Tel: 0116 2950997 Mobile: 07825 947786 Lpt-dataprivacy@leicspart.secure.nhs.uk In this case, ratification of a procedural document will not take place until approved by the Head of Data Privacy.</p>			
IG Manager approval name:			
Date of approval			

Acknowledgement: Princess Alexandra Hospital NHS Trust

Appendix 3

Contribution List

Key individuals involved in developing the document

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